## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10771329

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                      |                                                |                                             |                                    |                                   |              |                                  |            | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN R SMALL ENTITY |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|------------------------------------|-----------------------------------|--------------|----------------------------------|------------|---------------------|------------------------|-------|---------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                        |                                                |                                             | U)                                 |                                   |              |                                  | .          | RATE                | FEE.                   |       | RATE                      | FEE                    |
| FOR                                                                                                                                                                                                 |                                                |                                             | NUMBER FILED .                     |                                   | NUMB         | ER EXTRA                         |            | BASIC FEE           | 385.00                 | OR    | BASIC FEE                 | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                             |                                                |                                             | 6 minus 20=                        |                                   |              |                                  |            | X\$ 9=              |                        | OR    | X\$18=                    |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                  |                                                |                                             | 7 minus 3 =                        |                                   |              |                                  |            | X43=                |                        | OR    | X86=                      |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                    |                                                |                                             |                                    |                                   |              |                                  | _          | +145=               | 145                    | OR    | +290=                     |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                            |                                                |                                             |                                    |                                   |              | olumn 2                          | •          | TOTAL               | 530                    | OR    | TOTAL                     |                        |
|                                                                                                                                                                                                     | С                                              |                                             | MENDED - PART II (Column 2) (Colum |                                   |              | (Column 2)                       |            | SMALL I             | ENTITY                 | OR    | OTHER<br>SMALL            |                        |
|                                                                                                                                                                                                     |                                                | (Column 1)  I CLAIMS                        |                                    | (Colum                            |              | (Column 3)                       | 1          |                     | ADDI-                  | )<br> |                           | ADDI-                  |
| AMENDMENT A                                                                                                                                                                                         |                                                | REMAINING<br>AFTER<br>AMENDMENT             |                                    | NUMI<br>PREVIC<br>PAID I          | USLY         | PRESENT<br>EXTRA                 |            | RATE                | TIONAL                 |       | RATE                      | TIONAL<br>FEE          |
|                                                                                                                                                                                                     | Total                                          | •                                           | Minus                              | **                                |              | = .                              |            | X\$ 9=              |                        | OR    | X\$18=                    |                        |
|                                                                                                                                                                                                     | Independent                                    | *                                           | Minus                              | ***                               |              | =                                |            | X43=                |                        | OR    | X86=                      |                        |
| ٩                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                                    |                                   |              |                                  | <b>ا</b> ا | +145=               |                        | OR    | +290=                     |                        |
|                                                                                                                                                                                                     |                                                |                                             |                                    |                                   |              |                                  | · ·        | TOTAL<br>ADDIT, FEE | _                      | OR    | TOTAL<br>ADDIT, FEE       |                        |
|                                                                                                                                                                                                     |                                                | (Column 1)                                  |                                    | (Colun                            | nn 2)        | (Column 3)                       | . ,        |                     | <u> </u>               |       | ADDII. 1 CE 1             |                        |
| AMENDMENT B                                                                                                                                                                                         |                                                | CLAIMS                                      |                                    | HIGH                              | EST          |                                  | 1 [        |                     | ADDI-                  |       |                           | ADDI-                  |
|                                                                                                                                                                                                     |                                                | REMAINING<br>AFTER<br>AMENDMENT             |                                    | NUMI<br>PREVIC<br>PAID            | USLY         | PRESENT<br>EXTRA                 |            | RATE                | TIONAL<br>FEE          |       | RATE                      | TIONAL<br>FEE          |
|                                                                                                                                                                                                     | Total                                          | *                                           | Minus                              | **                                |              | =                                | ] [        | X\$ 9= :            |                        | OR    | X\$18=                    |                        |
|                                                                                                                                                                                                     | Independent                                    | •                                           | Minus                              | ***                               |              | =                                | 11         | X43=                |                        | OR    | X86=                      |                        |
| _                                                                                                                                                                                                   | FIRST PRESE                                    | NTATION OF MU                               | ILTIPLE DEP                        | ENDENT                            | CLAIM        |                                  | J þ        |                     |                        |       | 200                       |                        |
|                                                                                                                                                                                                     |                                                |                                             |                                    |                                   |              | •                                |            | +145=               |                        | OR    | +290=                     |                        |
|                                                                                                                                                                                                     |                                                |                                             |                                    |                                   |              |                                  | A          | TOTAL<br>DDIT. FEE  |                        | OR    | TOTAL<br>ADDIT. FEE       |                        |
|                                                                                                                                                                                                     |                                                | (Column 1)                                  |                                    | (Colun                            |              | (Column 3)                       |            |                     |                        |       |                           |                        |
| AMENDMENT C                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                    | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>BUSLY | PRESENT<br>EXTRA                 |            | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                     | Total                                          | •                                           | Minus                              | **                                |              | <b>-</b>                         |            | X\$ 9= '            |                        | OR    | X\$18=                    |                        |
|                                                                                                                                                                                                     | Independent                                    | •                                           | Minus                              | ***                               |              | =                                | <b>1</b>   | X43=                |                        |       | X86=                      |                        |
| ٨                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                                    |                                   |              |                                  | ]          | A-3-                |                        | OR    | 7000                      |                        |
|                                                                                                                                                                                                     |                                                |                                             |                                    |                                   |              |                                  |            |                     | OR                     | +290= |                           |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE |                                                |                                             |                                    |                                   |              |                                  |            |                     |                        | OR    | TOTAL<br>ADDIT, FEE       |                        |
| 7                                                                                                                                                                                                   | I the "Highest Nui<br>The "Highest Num         | mber Previously Pai<br>liber Previously Pai | uid For IN THI<br>d For" (Total or | S SPACE is<br>Independe           | ent) is the  | n 3, enter "3."<br>highest numbe |            |                     | ropriate box           |       |                           |                        |